

Substitute Information

	Birth Certificate	
	Social Security Card	
	Driver's License	
	1. High School diploma/Transcript	\$60
	2. Louisiana GED	\$60
	3. 4 year college degree	\$70
	4. Louisiana Teaching Certificate	\$80
	aproximately \$55.00 for fingerprinting - cash	
	0.00 for Drug Screen	

Bring in one of the 4

We must have all necessary documentation before appointments will be made by us for you to fingerprint and drug screen.

Fingerprints - at the Sheriff's office

1530 Hwy 90 **West**, Jennings

Drug Screen - isafe / Advance Medical Solutions

114 S. Lake Arthur Ave., Jennings

**JEFFERSON DAVIS PARISH SCHOOL BOARD
APPLICATION FOR SUBSTITUTE WORK**

Are you retired from a public school system? Yes No If yes, please obtain clearance from payroll before proceeding.
 TRSL (Teachers' Retirement System of Louisiana) LSERS (Louisiana School Employees' Retirement System) CLEARED: _____

Check box(es) to indicate which substitute position(s) you are seeking. (Check ALL that apply.)

Teacher Paraprofessional / Clerical Custodial Bus Operator Bus Aide

LAST NAME: _____ FIRST NAME: _____ MI: _____
 As it appears on your social security card.

SOCIAL SECURITY #: _____ DATE OF BIRTH: _____ MARITAL STATUS: _____

SEX: _____ RACE: _____ HISPANIC OR LATINO: YES NO CONVICTED OF A FELONY: YES NO

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE NUMBER: _____

EMAIL ADDRESS: _____
 An email address is required in order to use the web-based substitute system

EXPERIENCE: _____

****REQUIRED**** REFERENCES: TWO PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR:

NAME:	ADDRESS:	BUSINESS:	PHONE:	YEARS KNOWN:
1) _____	_____	_____	_____	_____
2) _____	_____	_____	_____	_____

I authorize the disclosure of information from any current or previous employer of mine, if such employer is/was a city, parish, or other local school board, relative to all instances of sexual misconduct with students committed by me, if any. I expressly give consent for the release of such information from any school employer, and/or teacher personnel file maintained with respect to me. I release my current or previous employer, if employer is/was a city, parish, or other local school board, and any employee acting on behalf of such employer from any liability for providing any information relative to all instances of sexual misconduct with students committed by me, if any.

NOTE: If you are retired from a public school system and received clearance from payroll, form #15 must be completed.

SUBSTITUTE TEACHER EDUCATIONAL QUALIFICATIONS

RATE OF PAY

<u>CHECK ONE:</u>	High School Graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, ATTACH A COPY OF YOUR DIPLOMA OR GED.	\$60.00
	Four year College Degree: <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, ATTACH A COPY OF YOUR DEGREE	\$70.00
	Louisiana Teaching Certificate: <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, ATTACH A COPY OF YOUR DEGREE OR CERTIFICATE.	\$80.00

Rate of Pay: BUS OPERATOR \$58.50 CUSTODIAN \$58.00 PARA/SUPPORT/CLERICAL \$58.00

The questions have been answered to the best of my ability. If employed, I realize false information may be grounds for dismissal. If accepted for employment, I will comply with all rules and safety regulations of my employer. I understand that employment may require the taking of fingerprints or providing such other identification or certification as required by law.

SIGNATURE: _____ DATE: _____

The Jefferson Davis Parish School Board adheres to the equal opportunity provisions of the Federal civil rights laws and regulations that are applicable to this Board. Therefore, no one will be discriminated against on the basis of race, color, national origin (Title VI of the Civil Rights Act of 1964), or sex (Title IX of the Education Amendments of 1972), or disabling condition (Section 504 of the Rehabilitation Act of 1973) in the pursuit of educational goals and objectives and in the administration personnel policies and procedures. Anyone with questions regarding this policy may contact the Assistant Superintendent of Jefferson Davis Parish School Board at (337) 824-1834.

*****Additional Required Documentation: Valid picture ID (i.e. Driver License), Birth Certificate, Social Security Card, Diploma/Highest level Degree or Certificate**

Employee's Withholding Allowance Certificate

OMB No. 1545-0074

2019

▶ Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.

1 Your first name and middle initial	Last name	2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)		5
6 Additional amount, if any, you want withheld from each paycheck		6 \$
7 I claim exemption from withholding for 2019, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶ 7		

Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.

Employee's signature

(This form is not valid unless you sign it.) ▶

Date ▶

8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)	9 First date of employment	10 Employer identification number (EIN)
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For Privacy Act and Paperwork Reduction Act Notice, see page 4.

Cat. No. 10220Q

Form **W-4** (2019)

Employee's Withholding Allowance Certificate

1. Type or print first name and middle initial	Last name	
2. Social Security Number	3. Select one <input type="checkbox"/> No exemptions or dependents claimed <input type="checkbox"/> Single <input type="checkbox"/> Married	
4. Home address (number and street or rural route)		
5. City	State	ZIP
6. Total number of exemptions claimed in Block A		6.
7. Total number of dependents claimed in Block B		7.
8. Increase or decrease in the amount to be withheld each pay period. Decreases should be indicated as a negative amount.		8.

I declare under the penalties imposed for filing false reports that the number of exemptions and dependency credits claimed on this certificate do not exceed the number to which I am entitled.

Employee's signature	Date
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The following is to be completed by employer.

9. Employer's name and address	10. Employer's state withholding account number
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JEFFERSON DAVIS PARISH SCHOOL BOARD

Federal I. D. # 72-6000580

P. O. Box 640

Jennings, LA 70546

Phone: (318) 824-1834

Authorization Agreement for Direct Deposit (ACH Credits)

I hereby authorize the Jefferson Davis Parish School Board, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below, and the depository (bank) named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

Employee Bank Account Information:

Depository Name

Transmit/ABA Number

Branch

Account Number

City, State & ZIP Code

Indicate If Checking or Savings Account

This authority is to remain in force and effective until COMPANY has received written notification from me as of its termination in such time and manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Please Print Employee's Name

Social Security Number

Employee's Signature

Date Signed

PLEASE ATTACH A VOIDED CHECK!



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State
Date of Birth (mm/dd/yyyy)		U.S. Social Security Number		Employee's E-mail Address		Employee's Telephone Number

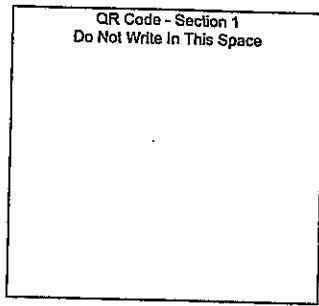
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

- 1. A citizen of the United States
- 2. A noncitizen national of the United States *(See instructions)*
- 3. A lawful permanent resident *(Alien Registration Number/USCIS Number):* _____
- 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____
Some aliens may write "N/A" in the expiration date field. (See instructions)

*Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:
 An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.*

- 1. Alien Registration Number/USCIS Number: _____
OR
- 2. Form I-94 Admission Number: _____
OR
- 3. Foreign Passport Number: _____
 Country of Issuance: _____



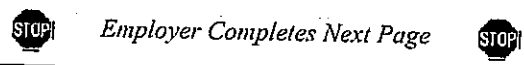
Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):

- I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State
			ZIP Code





Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identify	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative		First Name of Employer or Authorized Representative	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	
C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.				
Document Title		Document Number	Expiration Date (if any) (mm/dd/yyyy)	

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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Teachers' Retirement System of Louisiana
 8401 United Plaza Blvd, Ste 300 • Baton Rouge, LA 70809-7017
 P.O. Box 94123 • Baton Rouge, LA 70804-9123
 Telephone: (225) 925-6446 • Fax: (225) 925-4779
 www.trsl.org

Use only for retirees who return to work in a TRSL eligible position.

Retiree Return-to-Work Notification

Print in ink or type all entries except signatures. Authorized employers must enroll the retiree using the TRSL Employer/Membership Information System. Non-authorized employers may complete the *Retiree Return-to-Work* (Form 15). Refer to TRSL Employer Procedures Manual, Index 15, for online enrollment instructions. **Disability retirees returning to work will have their benefits terminated.**

Section 1 - Retiree Information	
Name: Last, first, MI, suffix (Jr., III, etc.)	Social Security number
Street / P.O. Box	() () () () () () () () () ()
City, state, zip	Daytime telephone () () () () () ()

Section 2 - Return-to-work option selection (Choose one only)

- The above referenced retiree is returning to work under the provision designated below:
- RETIREE RETURN-TO-WORK PRIOR TO JULY 1, 2010 – FULL BENEFITS** – I understand that the retiree may only elect this option if he/she has previously returned to work on or before June 30, 2010. Since the retiree has complied with the 12-month waiting period before returning to work under this provision, he/she will receive full retirement benefits from TRSL. I understand that unsheltered contributions must be deducted from the retiree's pay and remitted to TRSL. *This option is available only to retirees who returned to work before July 1, 2010.*
 - CRITICAL SHORTAGE K-12 CLASSROOM TEACHER FULL-TIME — FULL BENEFITS AFTER 12-MONTH WAITING PERIOD SINCE RETIREMENT-** I understand that the superintendent and personnel director must certify to TRSL that the retiree is returning to work in a critical shortage area as a full-time K-12 classroom teacher. If the retiree returns to work before the end of the 12-month waiting period after his/her retirement, his/her benefit from TRSL will be suspended for the duration of the employment or the lapse of the 12-month waiting period, whichever occurs first. If the retiree has complied with the required 12-month waiting period before returning to work under this provision, he/she will receive full retirement benefits from TRSL. I understand that unsheltered contributions must be deducted from the retiree's pay and remitted to TRSL in either case. (Critical shortage certification required, Form 15CS)
 - CRITICAL SHORTAGE K-12 CLASSROOM TEACHER PART-TIME — FULL BENEFITS AFTER 12-MONTH WAITING PERIOD SINCE RETIREMENT-** I understand that the superintendent and personnel director must certify to TRSL that the retiree is returning to work in a critical shortage area as a parttime K-12 classroom teacher. If the retiree returns to work before the end of the 12-month waiting period after his/her retirement, his/her benefit from TRSL will be suspended for the duration of the employment or the lapse of the 12-month waiting period, whichever occurs first. If the retiree has complied with the required 12-month waiting period before returning to work under this provision, he/she will receive full retirement benefits from TRSL. I understand that unsheltered contributions must be deducted from the retiree's pay and remitted to TRSL in either case. (Critical shortage certification required, Form 15CS)
 - CRITICAL SHORTAGE SPEECH THERAPIST, SPEECH PATHOLOGIST, OR AUDIOLOGIST FULL-TIME — FULL BENEFITS AFTER 12-MONTH WAITING PERIOD SINCE RETIREMENT-** I understand that the school board must certify to TRSL that the retiree is returning to work in a critical shortage area as a certified full-time speech therapist, speech pathologist, or audiologist that requires a valid Louisiana ancillary certificate approved and issued by the Louisiana Department of Education. If the retiree returns to work before the end of the 12-month waiting period after his/her retirement, his/her benefit from TRSL will be suspended for the duration of the employment or the lapse of the 12-month waiting period, whichever occurs first. If the retiree has complied with the required 12-month waiting period before returning to work under this provision, he/she will receive full retirement benefits from TRSL. I understand that unsheltered contributions must be deducted from the retiree's pay and remitted to TRSL in either case. (Critical shortage certification required, Form 15CS)
 - RETIRED DURING THE PERIOD OF MAY 1, 2009, THROUGH JUNE 30, 2010, AND RETURNING TO WORK IN A POSITION REQUIRING A VALID LOUISIANA TEACHING OR ANCILLARY CERTIFICATE – FULL BENEFITS-** I understand that the retiree may only elect this option if he/she retired during the period of May 1, 2009, through June 30, 2010, and returns to work in a position requiring a valid Louisiana teaching certificate or a valid Louisiana ancillary certificate. Since the retiree has complied with the 12-month waiting period before returning to work under this provision, he/she will receive full retirement benefits from TRSL. I understand that unsheltered contributions must be deducted from the retiree's pay and remitted to TRSL. (Position certification form required, Form 15POSC)
 - SPEECH-RELATED ADVANCED DEGREE –** I understand that the retiree may elect this option if he/she hold an advanced degree in speech therapy, speech pathology, or audiology. If the retiree returns to work before the end of the 12-month waiting period after his/her retirement, his/her benefit from TRSL will be suspended for the duration of the employment or the lapse of the 12-month waiting period, whichever occurs first. If the retiree has complied with the required 12-month waiting period before returning to work under this provision, he/she will receive full retirement benefits from TRSL. I understand that unsheltered contributions must be deducted from the retiree's pay and remitted to TRSL. (Position certification form required, Form 15POSC)

CONTINUED ON BACK

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Section 2 - Return to work option selection (Choose one only) - (CONT'D)

EARNINGS LIMIT-SUBSTITUTE TEACHER - I understand that the retiree may elect this option if he/she is re-employed as a substitute teacher and will be teaching any student in pre-K through grade 12. If the retiree returns to work before the end of the 12-month waiting period after his/her retirement, his/her benefit from TRSL will be suspended for the duration of the employment or the lapse of the 12-month waiting period, whichever occurs first. If the retiree has complied with the required 12-month waiting period before returning to work under this provision, he/she is allowed to earn 25% of his/her annual benefit in the fiscal year (July 1 to June 30). If the earnings exceed this amount, the retiree's benefit will be reduced by the earnings in excess of 25% of the benefit. I understand that if the retiree returns to work in more than one position that is subject to the 25% earnings limitation, the limit will be applied to the total earnings for all such positions in the fiscal year. If the retiree's earnings do not exceed 25% of his/her benefit, he/she must receive full retirement benefits from TRSL. I understand that unsheltered contributions will be deducted from the retiree's pay and remitted to TRSL.

EARNINGS LIMIT-ADULT EDUCATION OR LITERACY INSTRUCTOR - I understand that the retiree may elect this option if he/she has a valid Louisiana teaching certificate and becomes re-employed in a position that instructs adults through an adult education or literacy program administered through a public institution of elementary or secondary education. If the retiree returns to work before the end of the 12-month waiting period after his/her retirement, his/her benefit from TRSL will be suspended for the duration of the employment or the lapse of the 12-month waiting period, whichever occurs first. If the retiree has complied with the required 12-month waiting period before returning to work under this provision, he/she is allowed to earn 25% of his/her annual benefit in the fiscal year (July 1 to June 30). If the earnings exceed this amount the retiree's benefit will be reduced by the earnings in excess of 25% of the benefit. I understand that if the retiree returns to work in more than one position that is subject to the 25% earnings limitation, the limit will be applied to the total earnings for all such positions in the fiscal year. If the retiree's earnings do not exceed 25% of his/her benefit, he/she will receive full retirement benefits from TRSL. I understand that unsheltered contributions must be deducted from the retiree's pay and remitted to TRSL. (Position certification form required, Form 15POSC)

EARNINGS LIMIT-ADJUNCT PROFESSOR - I understand that the retiree may elect this option if he/she is re-employed as an adjunct professor as defined in law. If the retiree returns to work before the end of the 12-month waiting period after his/her retirement, his/her benefit from TRSL will be suspended for the duration of the employment or the lapse of the 12-month waiting period, whichever occurs first. If the retiree has complied with the required 12-month waiting period before returning to work under this provision, he/she is allowed to earn 25% of his/her annual benefit in the fiscal year (July 1 to June 30). If the earnings exceed this amount the retiree's benefit will be reduced by the earnings amount in excess of 25% of the benefit. I understand that if the retiree returns to work in more than one position that is subject to the 25% earnings limitation, the limit will be applied to the total earnings for all such positions in the fiscal year. If the retiree's earnings do not exceed 25% of his/her benefit, he/she will receive full retirement benefits from TRSL. I understand that unsheltered contributions must be deducted from the retiree's pay and remitted to TRSL.

SUSPENSION OF BENEFITS FOR THE DURATION OF EMPLOYMENT - I understand that the retiree is not eligible to return to work under the above provisions. Therefore, the retiree's benefit from TRSL will be suspended for the duration of his/her employment. Upon termination of the retiree's employment, he/she will begin receiving full retirement benefits from TRSL. I understand that unsheltered contributions will not be deducted from the retiree's pay and remitted to TRSL.

In the event of your death, the balance of your return-to-work contributions will be paid to the beneficiary listed on the *Designation of Beneficiary for Retiree Return-to-Work Employee Contributions* (Form 3C). This form is available on the TRSL website at www.trsl.org. (This does not change the beneficiary selected at time of retirement)

Section 3 - Agency Verification

This retiree began or will begin working for _____, agency #

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, on ____/____/____ (mm-dd-yyyy)

I certify that the retiree has returned to work under the provision selected above and meets all requirements necessary to return to work under such provision. Additionally, I realize that I must provide Form 15CS or Form 15POSC, as provided above, to TRSL if certification is required. If required, unsheltered employee and employer retirement contributions will be remitted to TRSL. Said employer will notify TRSL in writing of the termination date of this retiree.

Employer's signature (Authorized agency representative—no facsimile accepted)	Date signed (mm-dd-yyyy)
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